

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 37

1. Place of Death: (a) County Cocconino (b) City or Town Flagstaff (c) Location Flagstaff Hospital
(If outside city limits also write RURAL) (St. & Co. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 2 days; In Community 4 mo.; in Arizona 42 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL)
(d) Street No. 1542 East Monroe (e) Citizen of foreign country (yes or No) No
3. (a) FULL NAME Josephine S. Cortez (b) If Veteran No If Yes, which country No
name was 12 Social Security No. None
(If NONE write the word)

4. Sex Female 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced married
6. (b) Name of husband Lyfe Cortez 6. (c) Age of husband 42 yrs.
or wife, if alive 42 yrs.
7. Birthdate of deceased March 17 1900
(Month) (Day) (Year)
8. AGE: Years 42 Months 6 Days 2 If less than one day
hrs. min.

9. Birthplace Phoenix Ariz.
(City, town or county) (State or Country)
10. Usual Occupation House Wife
11. Industry or Business Home
12. Name William Scott
13. Birthplace New Orleans
(City, town or county) (State or Country)
14. Maiden Name Francis n. Scott
15. Birthplace Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Lyfe Cortez
(b) Address Flagstaff, Ariz

17. (a) Burial, Cremation or Removal Removal
(b) Place Phoenix (c) Date Sept 22 1942
18. (a) Embalmer's Signature W. L. Compton
(b) Funeral Director "
(c) Address Flagstaff Ariz

19. (a) September 22 1942
(Date received local Registrar)
(b) Louise Holly
(Registrar's Signature)
20M 100% Gertrude Schyniah
10.1.2.

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 9/21 19 42
TIME (Hour and minute) 3 a. M.
21. I hereby certify that I attended the deceased from 9/18/42
19 42 to 9/21 19 42
that I last saw her alive on 9/20/ 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured appendix

Due to nr

Due to nr

Other conditions nr
(Include pregnancy within 3 months of death)

Major findings: nr
Of operations nr

Of autopsy nr

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) nr

(b) Date of occurrence nr

(c) Where did injury occur? nr
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? nr
(Specify type of place)

While at work? nr (e) Means of injury nr

23. Signature Charles Jackson M. D.
Address 9 N Hwy Date signed Sept 22-4

DURATION

1 week

PHYSICIAN

Underline the cause to which death should be charged statistically